



Handwritten marks: a dollar sign with a slash and a checkmark.

ATTORNEY DOCKET NO. CSHL.005.01US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Roberto Malinow *et al.* ) Examiner:  
Serial No.: 09/353,126 ) Art Unit:  
Filed: July 14, 1999 )  
Title: **DIAGNOSTIC METHODS FOR DRUG** ) **TRANSMITTAL RESPONSE TO**  
**SCREENING FOR ALZHEIMER'S** ) **NOTICE OF DRAWING**  
**DISEASE** ) **INCONSISTENCY**

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith along with the appropriate fee(s) are:

- ☒ A Petition under 37 CFR 1.53 (e) for award of a filing date
- ☒ Response to Notice of Drawing Inconsistency
- ☐ Additional claim fees: \$
- ☐ Copy of Notice of Drawing Inconsistency

**CERTIFICATE OF FIRST CLASS MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450:

March 18, 2005  
(Date)

Barbara Rae-Venter  
(Signature)

Barbara Rae-Venter  
(Printed Name)



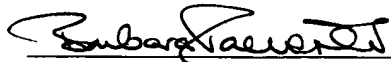
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| <u>Extension of Time Fee</u>            | <u>Small Entity</u> | <u>Large Entity</u> |
|---|---------------------|---------------------|
| <input type="checkbox"/> One Month      | \$ 55               | \$ 110              |
| <input type="checkbox"/> Two Months     | \$200               | \$ 400              |
| <input type="checkbox"/> Three Months   | \$460               | \$ 920              |
| <input type="checkbox"/> Four Months    | \$720               | \$1440              |
| <input type="checkbox"/> Five Months    | \$980               | \$1960              |
| <b>Extension of Time Fee</b>            |                     | <b>\$ .00</b>       |
| Petition fee (37 CFR 1.53 (e)-1.17 (h)) |                     | \$130.00            |
| <b>Total Fees:</b>                      |                     | <b>\$130.00</b>     |

- ☒ A check including the amount of the above-indicated TOTAL FEES is attached.
- ☐ Please charge Deposit Account No. 18-0020 in the amount of \$.
- ☒ No fee is required.
- ☒ Conditional Petition for Extension of Time: An extension of time is requested in the present and/or the above-referenced parent application to provide for timely filing if an extension of time is still required after all papers filed with this transmittal have been considered.
- ☒ The Commissioner is hereby authorized to charge any underpayment of the following fees associated with this communication, including any necessary fees for extension of time, or credit any overpayment to Deposit Account No. 18-0020.
- ☒ Any filing fees under 37 CFR 1.16 including fees for the presentation of extra claims.
- ☒ Any parent application processing fees under 37 CFR 1.17.
- ☒ A **duplicate** copy of this sheet is attached for accounting purposes.

Respectfully submitted,

Dated: March 18, 2005

  
Barbara Rae-Venter, Ph.D.  
Reg. No. 32,750

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